

# Humana – CareSource Provider Orientation

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# About Humana – CareSource

- Humana – CareSource™ is a Managed Care Plan that Kentucky Medicaid consumers can choose to join
- Humana and CareSource have over 50 years of managed care experience
- CareSource is one of the largest Medicaid plans in the nation
- Both Humana and CareSource have been awarded accreditation status from nationally recognized accreditation organizations

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# About Humana – CareSource (cont.)

- Our alliance is a strategic solution to make the healthcare system work better for members eligible for both Medicare and Medicaid through:
  - Understanding the diverse needs of our Members
  - Knowing the importance of integrating a Member's care - from primary to acute, as well as behavioral health services
  - Focusing on preventive care and continued wellness
  - Committed to making health care simpler and to improving health outcomes
  - Utilization of community-based partnerships and services to help our Members successfully navigate the complex health care system

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# Member Eligibility

- Medicaid eligibility is determined by a consumer's Department for Community Based Services (DCBS) in the county in which the consumer resides
- The Commonwealth provides eligibility information to Humana – CareSource on a daily basis
- Eligibility begins on the first day of each calendar month for consumers joining Humana – CareSource, with two exceptions:
  - Newborns, born to an eligible mother, will be eligible upon birth
  - Consumers who meet the definition of unemployed in accordance with 45 CFR 233.100 will be eligible on the date they are deemed unemployed

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# Member Eligibility (cont.)

- Sources to check member eligibility:
  - <https://providerportal.caresource.com/KY>  
(Provider Portal)
  - Automated member eligibility check 1-855-852-7005
- Each member receives an individual identification number
  - Claims must be billed with that number
- Newborns will appear on the PCP's member eligibility list after they are added to the Humana – CareSource system
- Members may disenroll from Humana – CareSource for a number of reasons
- If members lose Medicaid eligibility, they lose eligibility for Humana – CareSource benefits

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# Member ID Card

- Humana – CareSource issues one card per member upon enrollment
- Members also receive a Kentucky Medicaid ID Card
- New Humana – CareSource ID cards are not issued monthly
- A new card is issued only when the information on the card changes, if a member loses a card, or if a member requests an additional card
- Member must show card at time of service

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# Member ID Card (cont.)

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**Member Name** **SAMPLE** **Date of Birth**  
Mary Doe 04-12-73

**Humana – CareSource Member ID #:**12345678900

**Medicaid ID #:** 987654321000

**Primary Care Provider/Clinic Name:**  
Good, lam A.

**Provider/Clinic Phone:** (855) 123-4567

Member Services: **(855) 852-7005** (TTY: 1-800-648-6056 or 711)

24-hour nurse line: (866) 206-9599 (TTY: 1-800-648-6056 or 711)

**THIS CARD IS FOR IDENTIFICATION ONLY  
AND DOES NOT VERIFY ELIGIBILITY.**

**MEMBER:** Show your ID card to medical providers **BEFORE** you receive care. Never let others use your ID card. Call 911 if you have an emergency. You can also call your PCP or our toll-free 24-hour nurse advice line if you're not sure if it's an emergency.

**BEHAVIORAL HEALTH HOTLINE:** 877-380-9729

**HEALTH CARE PROVIDERS:** You must verify member eligibility for the date of service. Visit **CareSource.com/KY** or call **(855) 852-7005** to access this information. Authorization required for inpatient admission.

**MAIL MEDICAL CLAIMS TO:** CareSource, P.O. Box 824, Dayton, OH 45401-0824

**PHARMACY:** Providers call (855) 852-7005

**BENEFITS MANAGER:** CVS Caremark

RxBIN 004336

RxPCN ADV

RxGRP RX5046

**CareSource.com/KY**

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# Benefits & Services

- No co-pays for medical services or prescriptions
- Help from our Case Management Program for chronic health conditions like asthma, diabetes, or heart disease
- Support from local pharmacists to help Members learn about their medication needs and drug safety
- Access to Behavioral Health Services that include a dedicated hot line and crisis intervention
- Incentive programs that encourage healthy behaviors and preventive care
- Access for Members to speak with a Registered Nurse about their health concerns, 24 hours a day, 7 days a week

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# Provider Services

- Electronic Funds Transfer available
- Web-based transactions and electronic claims submission
- Check claim status online
- Submit and check appeals online
- Access Provider Membership List
- Primary Insurance Information
- Check benefit history online
- 24-hour automated member eligibility verification
- Paperless referral system

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# Member Services

- Member benefits and health services
- Member referrals to community resources and/or case management
- Assistance to find a Primary Care Provider
- Grievances and Appeals
- Claims issue resolution
- Benefit inquiries
- Pharmacy
- Prior authorizations
- Interpreter services



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# Provider Portal Features

- **Confirm Member Eligibility** – Multiple member look-up for up to 24-months;
- **Member Benefit Limits** – Can track member benefits electronically in real-time, such as speech therapy or chiropractic visits
- **Care Treatment Plans**
- **Case Management Referral**
- **Claims Information** – Multiple claims search simultaneously for up to 24 months, search claim status and submit appeals online
- **Prior Authorization** – Medical inpatient/outpatient, specialty pharmacy, home health care and Synagis®
- **Member Dental and Vision History**
- **Access Explanation of Payment and Coordination of Benefits**
- **Verify Member's PCP**

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# Provider Portal – How to Register

If you are **already registered** with a valid username and password:

<https://providerportal.caresource.com/KY>

- Enter your User Name and Password and Click the Log In button

If you are **not registered** with Humana – CareSource's Provider Portal:

<https://providerportal.caresource.com/KY>

- Click “Register Now”
- Enter your Provider Name, Tax ID, CareSource Provider ID and Zip
- Review and accept the Agreement
- Create your User Name and Password

Providers can also access eligibility and claims information through the Availity Provider Portal

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# Claims

- Electronic Funds Transfer and ERA claims payment option
- Electronic Data Interchange (EDI): Electronic claims submission
  - **Humana – CareSource Payer ID: KYCS1**
- Quick claims payment with more than 96% of clean claims paid within 30 days
- Utilize industry standard logic for coding edits
- HIPAA 835 formatted Explanation of Payment (EOP)
- Consistently high claims auto-adjudication rate
- Timely filing period is 365 days

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# Electronic Funds Transfer

- **Simple** – Eliminates paper checks and EOPs, which will increase efficiency with payment processing
- **Convenient** – Electronic Remittance Advice is available 24/7; works in conjunction with EMR systems; free training for providers
- **Reliable** – Claim payments electronically deposited into your bank account
- **Secure** – Access your account through secure Provider Portal to view (and print if needed) remittances and transaction details
- **Enroll in EFT:** Complete the online enrollment form and fax it to InstaMed (our EFT partner) at 1-877-755-3392, or call InstaMed at 215-789-3682

# Fraud, Waste & Abuse Program

To report any suspected fraudulent activities:

- **Call: 1-855-852-7005** and select the appropriate menu options
- **Fax: 1-800-418-0248**
- **Email: [fraud@caresource.com](mailto:fraud@caresource.com)**
- **Write to:**  
Humana – CareSource  
Attention: Special Investigations Unit  
P.O. Box 1940  
Dayton, OH 45401-1940

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# Pharmacy

- **Medicaid:** On January 1, 2013, we began handling the Pharmacy benefit for members transitioning to our plan  
**CVS Caremark:** Is the delegated pharmacy benefit manager for Humana – CareSource in Kentucky
  - *CVS Caremark:* 1-800-770-8014
- **Specialty Pharmacy:** Select classes of specialty medications require prior authorization. Specialty Pharmacy Prior Authorization Form and a list of all drugs requiring PA can be accessed on [www.caresource.com/KY](http://www.caresource.com/KY)
  - *Call Humana –CareSource for Specialty Pharmacy:* 1-855-852-7005
- ePrescribing: Once providers are set up through CVS Caremark, they can prescribe electronically



# Medical Management

## Prior Authorizations

- Few outpatient services require prior authorization
- All inpatient care including Nursing Facility Services
- Organ Transplants
- Orthodontia treatment and other dental services
- Durable medical equipment over \$750.00
- Pain management interventional procedures
- Select specialty pharmacy medications require prior authorization

# Medical Management (cont.)

## Prior Authorizations

- Radiology Benefit Management Program through HealthHelp
  - Prior authorizations required for all non-emergency outpatient CTs, MRI/MRAs and PET scans
- Patient Care Coordinators are available to assist with any discharge planning needs including making follow up appointments
- Prior authorization requirements are subject to change, [www.caresource.com/KY](http://www.caresource.com/KY) has the most up-to-date info on prior authorization services

# Health Services

*Interdisciplinary teams to support the Member Centric Model and Comprehensive Treatment Plans*

- **Case Management** – Case managers, social workers and outreach staff available to help coordinate care and focus on the highest risk members and conditions
- **Disease Management** – Disease Managers available to provide coordinated health care interventions and communication through interactive messaging and educational mailings for members with the diagnosis of Asthma or Diabetes. Referrals: Call the Disease Management Department at 1-855-743-1242
- **Emergency Department Diversion** – A dedicated team promoting alternatives to ED utilization

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# Health Services (cont.)

*Interdisciplinary teams to support the Member Centric Model and Comprehensive Treatment Plans*

- **24-Hour Nurse Triage Line** – Registered nurses provide symptom-based triage and educational support to members toll-free 24 hours a day, seven days a week
- **Quality Improvement** – A dedicated team focusing on continuous quality improvement activities with emphasis on improving member health outcomes
- **Behavioral Health** – Beacon provides Behavioral Health Services focusing on behavioral health, substance abuse and integration of behavioral and medical services; includes a 24 hour crisis hotline

# Health Services (cont.)

*Interdisciplinary teams to support the Member Centric Model and Comprehensive Treatment Plans*

## Care Transitions Programs

- **Bridge to Home<sup>®</sup>** – A unique discharge planning program that transitions members to the appropriate outpatient services, transportation, home care intervention and medication reconciliation services
- **On-Site Case Management** – Field based Care Management staff in outpatient clinics, hospitals and emergency department

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# How to Refer to Care Management

- **What is Care Management?** Care Management nurses provide one-on-one, personal care to patients including educational and follow-up services
- **Members:** Services may include educating pregnant patients and first-time mothers on the importance of prenatal care, childbirth, and postpartum and infant care; may also include education on preventive care and chronic disease management for heart failure, diabetes, chronic kidney disease, etc.
- **“Direct Access”** for Case Management referrals and assistance with member needs 24 hours a day, 7 days a week. Phone number to call for Direct Access: **1-866-206-0272**

# Provider Collaboration, Roles and Responsibilities

- Compliance with HEDIS measures
- Partnership in medical management of members
- Compliance of our policies and procedures and provider agreement
- High standards for clinical practices and quality of care
- Unbiased patient accessibility and availability
- Patient satisfaction
- Collaborative relationship
- Advanced Directives education

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# Questions



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